

FEDERAL BUREAU OF INVESTIGATION
FBI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS NOV 1 1960

218

Primary Registration District No. 5789

Registrar's No. 43

-60-039069

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Mississippi		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Whiting, Mo.		c. CITY OR TOWN Whiting, MO.	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		d. STREET ADDRESS (If outside, give location) Whiting, Mo.	
3. NAME OF DECEASED (Type or print) First Ervin Middle Lee Last Poe		4. DATE OF DEATH Month Oct Day 11 Year 1960	
5. SEX Male	6. COLOR OR RACE White-	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11.13.1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	
13a. FATHER'S NAME Bob Poe		13b. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.# 1		16. SOCIAL SECURITY NO. 494 24 4864	
17. INFORMANT Bill Poe, Whiting, Mo.		17. ADDRESS	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Suffocation DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Mr. Poes, Home burned and he was over come by the smoke and was unable to find his way out of the house.	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
21. I attended the deceased from After death as Coroner and last saw her alive on _____ Death occurred at 6:00 A. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE [Signature] (Degree or title) Coroner		22b. ADDRESS Charleston, Missouri	22c. DATE SIGNED 10/11/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Oct 13, 1960	23c. NAME OF CEMETERY OR CREMATORY W. O. W.	23d. LOCATION (City, town, or county) East Prairie, Mo.
24. FUNERAL DIRECTOR Mc Mickle, East Prairie, Mo.		25. DATE RECD. BY LOCAL REG. 10-28-60 26. REGISTRAR'S SIGNATURE Gertrude L. Harper	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *John McMillan*
Licensed Embalmer No. 4695
P. O. Address Charleston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license).
• If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.